INTER-AGENCY EMERGENCY PLAN ANNUAL PROGRAM STATEMENT
US GOVERNMENT MISSION TO SOUTH AFRICA
APS 674-06-002

I. PURPOSE

The purpose of this Annual Program Statement (APS) is to solicit applications for funding from prospective new partners to support implementation of the United States Government's President's Emergency Plan for AIDS Relief (Emergency Plan) in South Africa. This APS is a limited competition open only to those not currently receiving Emergency Plan country funds directly through the United States Government (USG)/South Africa.

- Sub-partners of existing USG prime partners are eligible to apply under this APS.
- Current Emergency Plan partners receiving South Africa country funding through direct agreements with Pact, Inc. are not eligible to apply under this APS.

The USG is seeking concept papers from prospective partners that support the Emergency Plan initiative. The goals of the initiative are to:

- Prevent 7 million new HIV infections;
- Treat at least 2 million HIV-infected people; and
- Care for 10 million HIV-affected individuals and AIDS orphans and vulnerable children.

The Emergency Plan is a $15 billion, five-year, unified government initiative, directed by the Office of the Global AIDS Coordinator (OGAC), and implemented in collaboration with the US Department of State, the US Agency for International Development (USAID), the Department of Health and Human Services (HHS) and other USG Agencies. The Emergency Plan funds projects that support the South Africa Government's *HIV/AIDS and STD Strategic Plan for South Africa, 2000-2005*, http://www.doh.gov.za/aids/index.html (and click on National AIDS Unit in left column) and the *Comprehensive Plan for HIV and AIDS Care, Management and Treatment.* Applications should support the initiatives and priorities of the South Africa National and/or Provincial Governments.

Fifteen focus countries have been selected to be part of the initiative based on high HIV burden, available country resources, and host government and civil society commitment to fighting the HIV epidemic. This APS seeks applications for activities to be conducted in South Africa only. Detailed information about the Emergency Plan in South Africa and supplemental information concerning this APS is available at:
http://pepfar.pretoria.usembassy.gov . Interested applicants are encouraged to consult this website regularly.

Pending the availability of funding, the USG Mission in South Africa anticipates awarding a limited number of grants or cooperative agreements (hereafter called agreements) to fund applications submitted in response to this APS. Concept papers may be submitted at any time up to **5 p.m. March 31, 2006**. Agreements will be funded for amounts not less than $500,000 and not more than $2 million per year, and each agreement will be awarded for an initial period not to exceed two years. It is possible that project extensions beyond two years

will be granted pending project success and availability of funds. Funding is anticipated to be available in March/April 2007, after which rapid project implementation will be expected. Registered South African organizations, US and non US non-governmental organizations, multi-lateral agencies, parastatals, non-profit organizations and for-profit organizations willing to forego profit, are eligible to submit applications. Pre-Application Workshops will be held in Pretoria, Durban, Port Elizabeth, Nelspruit, Cape Town and Bloemfontain (see section VII for more information).

This APS is issued as a public notice to ensure that all interested parties have a fair opportunity to submit applications for funding. This APS does not commit the USG to award an agreement or to pay any costs incurred in the submission of applications or cost incurred in the preparation thereof, or to procure or contract for services or supplies. The USG reserves the right to reject any or all proposals, to negotiate with any applicant(s) considered qualified or to make award without further applicant negotiations. The Emergency Plan is expected to conclude after Fiscal Year 2008, and there is no assurance of continued funding after that time.

II. OBJECTIVES and APPROACHES

Targeted Program Areas:
The Emergency Plan targets the following broad areas related to HIV/AIDS:

1) Prevention of HIV transmission
2) Treatment of AIDS and associated conditions
3) Palliative Care for HIV infected and affected individuals, including caring for Orphans and Other Vulnerable Children
4) Policy, Strategic Information and Systems Strengthening

More specifically, this APS is targeted at programs that will provide services in any of the program areas listed below. More detailed example subject areas are included as Annex 1. Please note that the Emergency Plan promotes service delivery. Research programs are generally not supported through the Emergency Plan unless they consist of short-term targeted evaluation components within a service delivery program to empirically measure success and identify effective strategies or programs for future expansion. This APS may support a limited number of targeted evaluations.

PREVENTION
1. PMTCT – activities aimed at preventing mother-to-child HIV transmission including counseling and testing for pregnant women, antiretroviral (ARV) prophylaxis for HIV-infected pregnant women and newborns, counseling and support for maternal nutrition and safe infant feeding practices.
2. Abstinence/be faithful – activities (including training) to promote abstinence, fidelity, delay of sexual activity, partner-reduction messages and related social and community norms.
3. Other prevention activities – other activities aimed at preventing HIV transmission including promotion of condoms or messages/programs to reduce injecting drug use and related risks. Please note that applications to address these program areas through mass media approaches will not be supported through this APS.

CARE

4. Palliative care/basic health care and support – all clinic-based and home-/community-based activities for HIV-infected adults and children and their families aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic infections and other HIV/AIDS-related complications (including pharmaceuticals); and culturally-appropriate end-of-life care. Basic health care and support also includes clinic-based and home-/community-based support; social and material support such as nutrition support on a limited basis, legal aid and housing; and training and support of caregivers.

5. Palliative care/TB/HIV – exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings (including pharmaceuticals); as well as screening and referral for HIV testing, and clinical care related to TB clinical settings. Note: General TB treatment, prevention and related programming are not covered by this APS.

6. Orphans and vulnerable children – activities aimed at improving the lives of orphans and other vulnerable children and families affected by HIV/AIDS. The emphasis is on strengthening communities to meet the needs of orphans and other vulnerable children affected by HIV/AIDS, supporting community-based responses, helping children and adolescents to meet their own needs, and creating a supportive social and policy environment. Activities could include training caregivers, increasing access to education, economic support, targeted food and nutrition support, or legal aid.

7. Counseling and testing – includes activities in which both HIV counseling and testing are provided for those who seek to know their HIV status (as in traditional VCT) or as indicated in other contexts (e.g., STI clinics).

TREATMENT

8. HIV/AIDS treatment/ARV drugs – including distribution/supply chain/logistics, pharmaceutical management and cost of ARV drugs.

9. HIV/AIDS treatment/ARV services – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services and community-adherence activities.

POLICY, STRATEGIC INFORMATION AND SYSTEMS STRENGTHENING

10. Strategic information – development of improved tools and models for collecting, analyzing and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; facility surveys; other monitoring and health management information systems; assisting countries to establish and/or strengthen such systems; targeted program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; augmenting skill and staffing levels of M&E professionals; analysis and quality assurance of demographic and health data related to HIV/AIDS; testing implementation models, e.g., to support the development or implementation of Global Fund proposals. Related training, systems and equipment are included.

11. Other/policy analysis and system strengthening – other HIV/AIDS-related activities to support national prevention, care and treatment efforts. This includes strengthening national and organizational policies and systems to address human resource capacity

development, stigma and discrimination, and gender issues; and other cross-cutting activities to combat HIV/AIDS, including activities to support the implementation of Global Fund programs.

A. Program Goal and Objectives

The overarching goal of the program is to expand access to HIV-related services to large numbers of South Africans, in support of the South Africa Government's *HIV/AIDS and STD Strategic Plan for South Africa, 2000-2005*, http://www.doh.gov.za/aids/index.html (and click on National AIDS Unit in left column) and the *Comprehensive Plan for HIV and AIDS Care, Management and Treatment.* The objectives of the USG's HIV/AIDS program in South Africa are:

1) To prevent HIV transmission through one or more of the following activities: a) promote safe and healthy sexual behavior in HIV infected and uninfected individuals; b) reduce mother to child HIV transmission; c) address unsafe medical practices and blood safety *(note that projects addressing safe medical practices and blood safety are not supported in this APS)*; d) provide appropriate post-exposure services; and e) improve access to counseling and HIV testing;

2) To provide quality comprehensive evidence-based HIV disease management services for South Africans through private and/or public sector providers (these services may include, for example, the provision of ARV drugs, treatment counseling, laboratory support and other related services);

3) To improve the quality of life of HIV infected individuals and their families, through the prevention and relief of suffering, pain and other physical, psycho-social and spiritual problems associated with life-threatening illness; and

4) To provide quality comprehensive and compassionate care for AIDS orphans and other vulnerable children to help assure they grow up to be healthy, educated and socially well-adjusted adults.

Additional important program objectives address USG priorities of sustainability, capacity building, institutional strengthening and improving equitable access in the public and private health sectors in South Africa. Applicants are encouraged to review the Five Year HIV and AIDS Strategic Plan for United States-South Africa Cooperation available at http://pepfar.pretoria.usembassy.gov. (Go to "PEPFAR@Work"/"News & Information"/"Reports".)

B. Strategic Approach

Because the overall goal of this APS is to support the provision of sustainable high-quality services in South Africa, proposed strategic approaches should address specific needs with practical, pragmatic business plans for implementation.

Public-Private Alliances
The formation of public-private alliances to address the objectives of this APS is specifically encouraged. A "public-private alliance" occurs when the application includes a commitment of material and significant non-USG resources that will allow the program to more fully

address the challenges in South Africa as outlined in this solicitation. An example of an alliance relationship would be an application that included in its budget plan at least a one-to-one matching of USG resources with non-governmental resources. Resources may be defined as cash or in-kind, and applicants submitting alliance applications are encouraged to be innovative. Such alliances are expected to bring together partners who will jointly define the problem, strategy and solution to capitalize on combined knowledge, skills, expertise and resources of the partners. Additional information on alliances can be found at: http://www.usaid.gov/our_work/global_partnerships/gda/.

New Partners and Formation of Consortia
The USG encourages participation from faith-based organizations (FBOs), community-based organizations (CBOs) and organizations serving rural underserved populations. Applications may be submitted by consortia of service providers to achieve administrative resource efficiencies and beneficial associations. Organizations might apply for funds that would then be managed and disbursed to smaller "grass-roots" organizations to provide community based services. An example of this would be a group of FBOs that submit a *single* application with centralized resource management to provide HIV/AIDS services through many providers. The budget for the consortia application must be within the scope of the APS.

Comprehensive Programming
Applications that address or demonstrate linkages with multiple program objectives are encouraged.   For example, a responsive application might build on a program that provides home-based care and support to people living with HIV/AIDS, adding a component that addresses the needs of children of those who are ill as a result of HIV/AIDS.

Capitation
Private health care providers, professional associations and private companies with health service capacity also could respond to this APS to provide treatment, prevention and/or care services on a capitation basis to individuals not directly employed by those entities. Such applications would be particularly responsive if the budget plans include cost-sharing or complementary resource provision.

Sustainability
Applicants should be aware that the Emergency Plan is a five-year program designed to end after September 2008. There is no assurance of any continued program or funding for any particular applicant after that time. All applicants must describe their plans for sustainability of their projects after two years. Sustainability includes the development of technical competence, human capacity, management systems, infrastructure, relationships with government programs and financial independence.

Human Capacity Development
There is an urgent need to increase health sector human resources, especially skilled health workers such as physicians, nurses, pharmacists, and managers to address HIV/AIDS. The USG strongly encourages applications that address the shortage of trained health care providers, particularly in rural and public sector settings, through programs that (1) enhance the skills of existing implementers; (2) augment the number of skilled people; (3) address recruitment and retention issues, and (4) support improved practices through access to knowledge, updated policies, needed tools, and supportive management and information systems.

Quality of Care and Services
A key focus for the USG is ensuring quality of care in the services provided. Quality of care includes meeting the patient's individual needs in a timely manner, providing services within the appropriate policies and guidelines, providing comprehensive care (which includes appropriate referrals), and ensuring that systems are in place to measure and evaluate the care provided.

Strategic Information
Strategic information is a cornerstone of the Emergency Plan. All applicants must address how they will monitor and evaluate their program. In addition, the APS is open to projects specifically focused on strategic information activities, including support of the USG's efforts to monitor and/or evaluate the Emergency Plan; capacity building around strategic information interventions; increasing skill sets of M&E staff; establishing or strengthening monitoring and health management information systems; and targeted program evaluations.

These are only examples of responsive strategic approaches; applicants are encouraged to propose other innovative solutions to provide services to individuals affected by HIV/AIDS.

C. Example Subject Areas

Specific areas for funding might include those listed in Annex 1. These are provided only as examples of the kinds of activities relevant to this APS and are not exhaustive, nor are they necessarily targeted for funding.

D. Program Indicators

All applications must include plans to document, monitor and evaluate program performance. The USG in South Africa will evaluate progress by monitoring selected indicators and assessing these in relation to the targets and overall objectives set by program staff.

A limited set of program monitoring indicators will be used to track the progress of key USG-funded activities, and are based on administrative records, project reports, and routine, logistical, and facility-based information systems. Applications for funding under this APS should clearly state how proposed activities relate to these program objectives and how data will be collected, verified and reported to document progress toward these objectives, including a staffing plan. Data quality is a critical component of this program, and all applicants must develop systems to ensure data quality and must be prepared for data quality audits. Applicants should be prepared for revisions in required program indicators and reporting requirements during the lifetime of the award and as part of project closeout processes.

Applicants must report on the required indicators relevant to their program area, as laid out by the Office of the Global AIDS Coordinator. These indicators are listed in the table below and are further discussed in the *South Africa Strategic Information Manual* (http://pepfar.pretoria.usembassy.gov/) (Go to "PEPFAR@Work"/"Policy Guidance").

Emergency Plan Indicators

Prevention/Abstinence and Being Faithful		
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		
	Male	
	Female	
	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	
		Male
		Female
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		
Prevention/Other Behavior Change		
Number of targeted condom service outlets		
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		
	Male	
	Female	
2.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		
Prevention/Medical Transmission/Blood safety		
Number of service outlets carrying out blood safety activities		
Number of individuals trained in blood safety		
Prevention/Medical Transmission/Injection Safety		
Number of individuals trained in medical injection safety		
Prevention of Mother-to-Child Transmission		
Number of service outlets providing the minimum package of PMTCT services according to national and international standards[a]		
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		
Number of health workers trained in the provision of PMTCT services according to national and international standards		
Counseling and Testing		
Number of service outlets providing counseling and testing according to national and international standards		
Number of individuals who received counseling and testing for HIV and received their test results		
	Male	
	Female	
Number of individuals trained in counseling and testing according to national and international standards		
HIV/AIDS Treatment/ARV Services		
Number of service outlets providing antiretroviral therapy		
Number of individuals newly initiating antiretroviral therapy during the reporting period		
	Male (0-14)	
	Male (15+)	
	Female (0-14)	
	Female (15+)	
	Pregnant female (all ages, subset of all females)	
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (cumulative)		
	Male (0-14)	
	Male (15+)	
	Female (0-14)	
	Female (15+)	
	Pregnant female (all ages, subset of all females)	
Number of individuals receiving antiretroviral therapy at the end of the reporting period (current clients)		
	Male (0-14)	

	Male (15+)
	Female (0-14)
	Female (15+)
	Pregnant female (all ages, subset of all females)

Total number of health workers trained to deliver ART services, according to national and/or international standards

Palliative Care: Basic Health Care (including HIV/TB)

Total number of service outlets providing general HIV-related palliative care (including TB/HIV)	
Total number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting (a subset of all palliative care outlets)	
Total number of individuals provided with general HIV-related palliative care (including TB/HIV)	
	Male
	Female
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of all served with palliative care)	
	Male
	Female
Number of HIV-infected clients attending HIV care/treatment services that are receiving clinical prophylaxis for TB disease (a subset of all served with palliative care)	
	Male
	Female
Total number of individuals trained to provide HIV-related palliative care (including TB/HIV)	
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed). Note: This is a subset of all trained.	

Orphans and Vulnerable Children

Number of OVC served by OVC programs (with a minimum of three services provided)*a*	
	Male
	Female
Number of providers/caretakers trained in caring for OVC	

Laboratory Infrastructure

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests
Number of individuals trained in the provision of laboratory-related activities
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV Testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Strategic Information

Number of local organizations provided with technical assistance for strategic information activities
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

Other/policy development and system strengthening

Number of local organizations provided with technical assistance for HIV-related policy development
Number of local organizations provided with technical assistance for HIV-related institutional capacity building.
Number of individuals trained in HIV-related policy development
Number of individuals trained in HIV-related institutional capacity building
Number of individuals trained in HIV-related stigma and discrimination reduction
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

a Information about minimum service packages for PMTCT and OVC programs are further discussed in the South Africa Strategic Information Manual, (http://pepfar.pretoria.usembassy.gov/) (Go to " PEPFAR@Work"/"Policy Guidance").

Applicants may include plans to collect data on additional indicators to measure the effectiveness of a specific program; however, monitoring of additional indicators is *not required* of funded programs. All indicators are outlined in the *South Africa Strategic Information Manual*.

Recipients of money in the area of ARV Treatment will be required to submit quarterly reports. All other program areas require only semi-annual reports. Reports will be submitted to the USG via a web-based data warehouse. The USG also strongly encourages all recipients to provide relevant data to their local, provincial and national government counterparts.

III. PARTNERSHIPS

South African Government and South African organizations:
Applicants are strongly encouraged to form, describe and document partnerships with the South African Government (at all levels). Prior to implementing activities, recipients are required to obtain approval from provincial authorities in each province in which they will conduct activities. (*Note that approvals are not required for applications*, but evidence of government support is strongly encouraged.) The USG also encourages non-South African organizations considering submitting applications to this APS to explore the potential of forming partnerships with South African organizations, including NGOs, civil society and other relevant groups.

Use of Volunteers:
Applicants also are encouraged to make use of volunteers (with or without pay) to the greatest extent feasible. Volunteers with higher-level training can be placed in beneficiary organizations and communities and supervised to ensure the development and use of appropriate management, financial and monitoring & evaluation systems. Volunteers have also been used successfully to support planning and strategy development at either the organizational or grassroots level. Two USG agencies that place well-trained Volunteers are Peace Corps (www.peacecorps.gov) and Volunteers for Prosperity (www.volunteersforprosperity.gov), and partnerships with these organizations are encouraged. Another resource for volunteers is the Emergency Plan's Twinning Center managed by the American International Health Alliance (www.twinningagainstaids.org). This Twinning Center not only assists partners by building capacity, but also is responsible for establishing a volunteer healthcare corps for all cadre of health workers including managers. Please consult websites cited above for general information on the organizations, their process for Volunteer placement, and the provinces in which they work in South Africa. As with all USG agencies, no requests for meetings or phone calls with Peace Corps officials will be accepted during the application process. Peace Corps South Africa is unable to make a commitment to a partnership with an organization until funding is awarded and a full work plan developed.

IV. SUBSTANTIAL INVOLVEMENT

Should a cooperative agreement be awarded instead of a grant the USG may be substantially involved in the award in the following ways:
1)   Approval of the recipient's implementation plan.
2)   Approval of specified key personnel.
3)   Approval of grant criteria proposed by recipient.
4)   Approval of the recipient's performance monitoring and management plan.
5)   Provision of technical direction for specific program interventions.

Pre-award assessments (covering the recipient's financial and management capacity) will be required for grants and for cooperative agreements.

V.   ELIGIBILITY

Eligible applicants include non-governmental organizations that have demonstrated technical skills, experience and the necessary management competence to plan and efficiently execute HIV and AIDS assistance programs using mutually agreed, international standards of accountability. Eligible organizations could include, for example, multi-lateral agencies, parastatals, foundations, faith-based organizations, community-based organizations, private organizations affiliated with public academic institutions, South African and international non-governmental organizations, private companies, professional associations, and consortiums of the above, among others. As noted in Section I above, (a) existing prime partners receiving Emergency Plan South Africa country funding and (b) sub-partners receiving Emergency Plan South Africa country funding through direct agreements with Pact, Inc., are not eligible to apply under this APS.

VI.   TWO TIERED REVIEW PROCESS

Applicants will participate in a two tiered review process as detailed below. Tier 1 consists of the evaluation of concept papers. Tier 2 consists of a review of full applications that have been invited following a favorable Tier 1 review. Please note that a favorable review in Tier 1 or Tier 2 is not an indication that funding eventually will be awarded.

Specific submission instructions are outlined below. All concept paper submissions must include a completed cover page (Annex 2) and must be received before the stipulated closing date and time.

Electronic Submission:
Concept papers may be submitted electronically as a Microsoft Word attachment(s) to southafricapepfar@state.gov. We recommend that applicants include a received/read receipt to the email. Concept papers also may be submitted by hand or by mail service as outlined below.

Submission by hand or mail services:
Full applications must be submitted in hard-copy form by hand or by mail service to the following address:
PEPFAR South Africa Secretariat (Hand delivered to the Office of International Health)
c/o US Embassy
877 Pretorius Street, Arcadia
P.O. Box 9536
Pretoria 0001
South Africa

Please note that some courier and overnight mail services do not deliver directly to the US Embassy, and consequently should not be relied upon for overnight services. Delivery by courier has in the past been delayed by up to one week and it is the responsibility of the applicant to take this delay into consideration. We regret that we are unable to accept applications arriving after the deadline.

Applicants are encouraged to check the Emergency Plan South Africa website periodically for updated information related to the APS (**http://pepfar.pretoria.usembassy.gov**).

Applicants may submit queries *only by email* to southafricapepfar@state.gov through March 21st. Responses to queries and questions received by March 21st will be posted on the website. No requests for meetings or phone calls with any USG officials will be accepted during the application process.

Tier 1: Concept Paper and Summary Budget

All interested applicants must submit a concept paper to serve as an initial application. The concept paper must be written in English and must not exceed eight (8) pages, using A4 paper size and Times New Roman 11-point font. This concept paper must include a completed cover page (Annex 2), an executive summary that describes how the proposed project will address directly one or more of the APS-defined objectives, what partnerships if any will be involved in the project, proposed strategies and activities for implementation, and a summary budget which specifies the maximum amount of funding required over a specified time period (see detailed budget instructions below). Organizations may submit more than one concept paper.

Concept papers should be developed using the following format:
1. Summary of proposed activities, including geographic reach, target populations and explanation of how proposed activities contribute to the South African Government's Strategic and/or Comprehensive Plan.
2. Background (rationale/problem statement and activities implemented to date).
3. Description of strategy and activities, including partnerships (if applicable) and implementation plan for the duration of the project.
4. Summary monitoring and evaluation plan, including anticipated indicators/outcomes.
5. Description of sustainability plan.
6. Description of staff responsible for management and monitoring & evaluation.
7. Summary budget in US Dollars.

Concept papers should not include specific and detailed budgets, but should include the following major budget categories: personnel/salaries; fringe benefits; travel (international and domestic); equipment and supplies; monitoring and evaluation (recommended as 5-10% of total budget); sub-grants; sub-contracts; other direct charges; indirect charges/administrative costs; and cost share. The summary budget also must reflect the following:
- For indirect costs, international NGOs should include an approved Negotiated Indirect Cost Rate Agreement (NICRA) with the U.S. Government. Local NGOs may submit a fixed administrative rate or direct charges in lieu of a NICRA.
- Budget must be submitted in US Dollars. For purposes of preparing concept papers and full applications, a Rand/Dollar exchange rate of $1 = R6 should be used.

Concept papers meeting the following criteria will be reviewed:
- Written in English.
- Received by submission deadline.
- Eight pages or less using A4 paper size and Times New Roman 11-point font. *Note that required cover page (Annex 2), summary budget and any attachments do not count toward the eight page limit.*
- Addresses APS-defined objectives.
- Includes brief description of monitoring and evaluation plan and indicators.
- Project has a duration of two years or less.

- Summary budget not less than $500,000 and not more than $2m for each one year period.
- Submitted by eligible entity (eligibility criteria listed in section V, above).

A peer review committee will participate in the Tier 1 technical review. The criteria used to evaluate applications are included as Annex 3. Those submitting applications deemed to be sufficiently responsive to this APS and meeting specific gaps within the current program will be invited to prepare and submit full applications. Applicants will be informed in writing about the outcome of the Tier 1 technical review once the review process in complete. The USG is unable to provide additional information regarding individual concept papers, the technical review, and the reasons why applicants are or are not invited to submit full applications.

Tier 2: Full Application and Detailed Budget

General guidelines for the preparation of full applications are included here as Annex 4. Detailed instructions will be provided to those invited to submit full applications, as an attachment to the letter of invitation.

VII.   PRE-APPLICATION WORKSHOPS

Pre-application workshops will be held on the following schedule:
- Durban: February 27
- Port Elizabeth: February 28
- Pretoria: March 3
- Bloemfontein: March 7 or 8 (TBD)
- Cape Town: March 7 or 8 (TBD)
- Nelspruit: March 13

The purpose of the workshops is to introduce potential applicants to the Emergency Plan, describe the APS and contracting processes, and discuss the monitoring and evaluation requirements for funded projects. Additional details regarding the workshops will be posted on the Emergency Plan website (http://pepfar.pretoria.usembassy.gov), including registration information. Those planning to attend *must* register in advance. All materials presented at the workshops also will be posted on the Emergency Plan website.

VIII. PREPARATION AND SUBMISSION OF CONCEPT PAPERS AND APPLICATIONS

NO assistance will be provided by any USG official to any organization in the preparation of concept papers or applications and NO fee is required for submission of concept papers or applications. The USG would like to inform all prospective applicants that NO individual has been appointed by the USG as representative to assist in the APS process. Prospective applicants are encouraged to respond to the APS in accordance with the guidelines provided.

IX.   AWARD

Final negotiations and award will be made by any one of the USG Agencies participating in this program. Funding is anticipated to be available in March/April 2007, after which rapid project implementation will be expected.

X. ADMINISTRATION OF AWARDS

Awards may be administered by any one of the USG Agencies participating in this program. For USAID, awards to US-NGOs will be administered in accordance with 22 CFR226, OMB Circulars and the USAID Standard Provisions; awards to non-US NGOs will be administered in accordance with applicable USAID Standard Provisions. These documents are available on the USAID website (www.usaid.gov). For CDC, awards will be administered in accordance with 45CFR74 and OMB Circulars. These documents are available on the CDC website (www.cdc.gov).

XI. AUTHORITY

This program is authorized in accordance with the Foreign Assistance Act of 1961 (as amended), and the United States Leadership against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25, May 27, 2003)**.**

EXAMPLE SUBJECT AREAS FOR THIS APS:

Prevention:
- Preventing Mother to Child HIV Transmission (PMTCT), particularly projects designed to increase uptake and to provide linkages with ARV treatment services;
- Post Exposure Prophylaxis (PEP) particularly following rape or occupational exposure;
- Defining and reducing HIV-associated stigma;
- Behavioral Interventions including abstinence promotion, and behavioral change communication;
- HIV/AIDS education and prevention among youth, women, professionals, prison populations, mobile workers, commercial sex workers, men who have sex with men, injection drug and alcohol using populations, and others at high risk for infection;
- HIV/AIDS prevention activities targeting older populations, and couples consisting of older men/younger women;
- HIV/AIDS prevention activities targeting persons newly infected with HIV;
- HIV/AIDS prevention programs through appropriate promotion of clinically performed male circumcision;
- HIV/AIDS prevention programs in identified areas of high HIV prevalence, such as peri-urban areas and informal settlements;
- Condom promotion and provision, especially in non-traditional settings;
- Projects addressing the role of alcohol abuse in HIV prevention;
- Conducting new and innovative behavioral change campaigns in underserved areas.

HIV Care:
- Expansion of HIV Counseling and Testing (CT) services and capacities particularly in underserved areas, where AIDS treatment is being instituted, and where men can be targeted;
- Treatment of opportunistic infections including TB;
- Measures to improve TB diagnosis and treatment among HIV-positive individuals;
- Programs that promote effective expansion of TB/HIV collaborative activities;
- Programs that expand access of TB patients to HIV services (including routine counseling and testing, and follow-up wellness and ART);
- High-quality standardized palliative care services, training and expansion of care-providing capacity;
- Improve linkages and referral systems between the different levels of health care (central, provincial, district, hospitals, clinics, home-based care etc.) and to services outside formal health care settings;
- Interventions that focus on community/home based care networks to provide care for OVC;
- Programs to assist families and OVC to cope with HIV-related problems, such programs might include the provision of home-based care kits, nutrition and medications;
- Programs that work with governments to protect the most vulnerable children and provide essential social services;
- Integrated initiatives that respond to the nutritional, housing security, social and educational needs of OVC, especially in community settings;

- Programs to assure OVC providers meet the highest ethical standards to fully protect OVC from deprivation and exploitation.

HIV/AIDS Treatment:
- Direct provision and monitoring of ARV therapy for adults and children;
- Provision of ARV therapy to pediatric patients, and linkages between OVC care and ARV treatment;
- Provision of ARV therapy at multiple service delivery sites through down and up referral;
- Facility/Site identification and enhancement to provide ARV treatment or AIDS care services;
- Basic and continuing education and training for qualified doctors, nurses, counselors, pharmacists, including mentor and preceptor programs;
- Pharmaceutical procurement, distribution and tracking systems;
- Referral systems from entry points (i.e., for PMTCT, CT, support groups, home-based care, hospitals, clinics) to treatment sites;
- Counseling for adherence/compliance and side effects;
- Programs that expand access of TB patients to HIV services (including routine counseling and testing, and follow-up wellness and ART);
- Laboratory services to service public and private/public partnerships;
- Communication programs including community information and education, and interpersonal programs to promote HIV education and treatment literacy to support the expansion of HIV treatment including antiretroviral medications (please note that mass media approaches are not supported in this APS);
- Community outreach and involvement for support of care and treatment.

Policy, Strategic Information and System Strengthening:
- Programs that promote effective expansion of TB/HIV collaborative activities;
- Programs to assist or utilize faith-based communities as they endeavor to reduce new HIV infections, support AIDS treatment and participate in the provision of care;
- Support for the continuous development of consensus on national guidelines for clinical care for adults and children, PMTCT, CT, management of opportunistic infections, laboratory monitoring and testing, OVC support, nutrition, referral, and adherence counseling;
- Information technology for data management and clinical decision making;
- Program review and monitoring services such that the grantee might assist interested parties as they seek to identify program successes and to document lessons learned (undertaken in consultation with USG Agencies in South Africa);
- Targeted evaluations (TE) designed to answer questions about program implementation that are measurable, specific, and focused; *(Note that targeted program evaluations provide evidence-based information beyond that derived from program monitoring and disease surveillance, to improve prevention programs, support decisions regarding clinical programs, and identify best practices for outreach to and care for those infected and affected by HIV/AIDS. TE must produce results that are generalizable in nature and can contribute to sustainability of country programs.)*
- Assist in designing tools or systems to: 1) assist USG and USG partners with reporting and monitoring needs of the Emergency Plan by facilitating the collection,

reporting, and analysis of data; and 2) strengthen the capacity of USG partners to use data for health program management, planning and decision-making.
- Develop training, internship programs or other means to increase organizational capacity to monitor routine data and use the data to inform decision making and improve programs.

Cross-Cutting:
- Partnerships to support comprehensive HIV/AIDS workplace programs;
- Partnerships with business enterprises that provide services to contractors or community members;
- Defining and reducing HIV-associated stigma;
- The development of human capacity through programs that (1) enhance the skills of existing implementers; (2) augment the number of skilled people; (3) address recruitment and retention issues, and (4) support improved practices through access to knowledge, updated policies, needed tools, and supportive management and information systems;
- Programs that promote the involvement of PLWHA in HIV/AIDS prevention, treatment and care;
- Initiatives to appropriately address gender issues.

These examples are not exhaustive nor are they necessarily targeted for funding.

**THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
APS CONCEPT PAPER COVER SHEET**

Organization Name: _____

Project Name: _____

Contact Name: _____
Title: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Zip Code: _____
Telephone: _____
Fax Number: _____
E-mail Address: _____
Website (for organization): _____

Type of Organization (choose from the list): _____
(Select one: South African NGO, South African private foundation, South African faith based organization, South African educational institution, South African private company, South African parastatal organization, International NGO, International private foundation, International faith based organization, International educational institution, International private company, South African Government Agency/Entity, International public entity, Other)

Partner Organization(s): _____
Include name and organization type from list above, for each partner.

Funding Requested Year 1: USD_____

Funding Requested Year 2: USD_____

Duration of project (in years): _____

Project Type: New Project ☐
      Scale-up of Existing Project ☐
      Other ☐ *Please describe:* _____

Province(s) where project will be implemented: _____
    _____
    _____

Technical Areas:
Please indicate with a check mark which technical area(s) of the APS your project will address:

PMTCT ☐

Abstinence/Be Faithful ☐

Other Prevention of HIV transmission ☐

HIV Counseling and Testing ☐

Palliative Care for HIV infected individuals ☐

Care for AIDS Orphans and Other Vulnerable Children ☐

HIV/TB ☐

Treatment of AIDS and associated conditions ☐

Strategic Information ☐

Policy Analysis / Systems Strengthening ☐

Beneficiaries:

Estimated Number of Beneficiaries	Target Population
Example: 2,040 OVC	*Example: Rural youth*

Include separate estimate for each program area, as appropriate. For example, if your proposal is to provide services to OVC and also undertake prevention activities, please include estimated beneficiaries and target populations for each.

APPLICATION EVALUATION CRITERIA

A peer review committee will evaluate both Tier 1 (concept papers) and Tier 2 (full applications), based on the following criteria. ***Note that evaluation criteria in italics will not be required or scored for Tier 1 concept papers.***

A: APPLICANT EXPERIENCE AND PROJECT MANAGEMENT
Total: 20 points

Applicant's Capacity, Technical Expertise and Experience (10 points)

- Capacity to manage (technically, administratively and financially) a project of similar size, type and complexity and to deliver the required results.
- Experience in operating similar projects in similar circumstances.
- Demonstrated clear understanding of HIV/AIDS issues.
- Experience in working collaboratively with diverse stakeholders from governmental and non-governmental sectors.
- Experience in working successfully with donor funding.
- If applicable, evidence that the applicant or primary implementer is a community-based or faith-based organization with the ability to provide services that will impact at a community level.
- *Full applications may include summaries of previous HIV/AIDS activities in South Africa or other Emergency Plan-funded activities in other countries.*

Staffing and Management Plan (10 Points)

- Stream lined cost-effective staffing structure.
- Staffing pattern maximizes use of qualified, diversified (ethnically) South African staff. In the spirit of sustainability and the development of local capacity, any expatriate involvement is limited to home office oversight, and implementation is to be carried out by South African organization(s) and South African staff.
- A dedicated Project Manager able to devote adequate time to the management of the activity proposed in the application. The Project Manager should have extensive experience in areas relevant to the successful implementation of the proposed activity.
- Financial management procedures and staff in place are knowledgeable about and experienced in managing donor funds.
- Monitoring and evaluation procedures and staff are in place and capable of producing accurate, timely reports.
- *Full applications describe clear management roles and responsibilities in order to promote efficiency and rapid start-up.*
- *Full applications contain adequate information on key personnel, including name, short description of experience and capacity relevant to proposed position to ensure rapid start-up and implementation success.*
- *Full applications may include as an attachment an organizational chart summarizing project management staff.*

B: TECHNICAL APPROACH
Total: 55 points

Ability to Reach Significant Numbers of South Africans (10 points)

- Activities directly support the Emergency Plan goal of expanding service delivery to a significant number of South Africans.
- Application indicates an ability to reach a significant number of individuals with services within the first 12 months of the program.
- Application demonstrates a low cost per intervention or results reached.
- Targets are realistic (in line with budget, staffing and implementation plan).

Overall Technical Approach (10 points)

- Activities directly contribute to the service delivery programs and will meet Emergency Plan objectives as described in this APS.
- Activities are supportive and consistent with the South African Government's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment.
- Activities encompass a comprehensive approach that appropriately integrates different interventions and coordinates among different levels of health service delivery.

Ability to Monitor Results (10 points)

- Application includes effective monitoring and evaluation plan.
- Application demonstrates competence in developing and analyzing performance indicators and in managing performance indicator data to ensure audit-worthiness.
- *Full application monitoring and evaluation plan includes clear and appropriate milestones and expected accomplishments, with measurable output and performance indicators.*
- *Full application monitoring and evaluation plan specifies appropriate and feasible methods for data collection, tracking, verification, analysis and reporting, including attention to differential impacts by gender.*

Implementation Plan (10 points)

- Work plan includes proposed activities for the time frame indicated, and identifies partners for activities, where appropriate.
- First year work plan, inputs and outputs are realistic and achievable within proposed budget and timeframe, and reflect a grasp of necessary steps to ensure rapid, effective start-up and execution of program activities.
- Proposed two year implementation plan, inputs and outputs are realistic and achievable within the proposed budget and timeframe.
- *Full application work plans should be presented in a matrix format, with detailed interim objectives and milestones.*

Sustainability Plan (5 points)

- Sustainability plan addresses the likelihood that the program being supported will continue beyond and without USG funding, and proposes a feasible sustainability strategy.
- Activities will enhance the ability of South African personnel and institutions to address the challenges of HIV/AIDS on a long-term basis.
- Sustainability plan addresses technical expertise, management, staffing, relationship with South African Government and financial sustainability.

Gender, People Living with HIV/AIDS (PLWHA), Disadvantaged Groups (5 points)

- Activities are customized to appropriately address gender issues.
- Activities serve and involve PLWHA or disadvantaged groups.
- Project will measure and report progress on these issues.

Underserved Rural Areas or Underserved Provinces (5 points)

- Activities are directed at populations in rural areas or areas underserved by South Africa health system.
- Activities are conducted in South Africa provinces in need of additional HIV/AIDS programs.
- Activities are directed at areas with identified high HIV prevalence.

C: SOUTH AFRICA EXPERIENCE
Total: 15 points

South Africa Government Involvement or Support (10 points)

- The project is requested by or supported by the South African Government.
- *Full applications include letters of support or endorsement for the specific project from South African Government officials at the national, provincial and/or district level.*

South Africa Experience (5 points)

- Evidence that the applicant or primary implementer of the proposed project is a South African organization.
- Experience with and demonstrated understanding of HIV/AIDS issues in South Africa.
- Experience with related projects in South Africa.

D: COST EVALUATION
Total: 10 points

Cost Effectiveness (5 points)

- Cost effectiveness - the application demonstrates that proposed results will be achieved with the most efficient use of available resources.
- The application includes cost sharing, co-funding, in-kind contributions or other partnerships or alliances that increase the impact of Emergency Plan funds or leverage other resources.

Cost Realism (5 points)

- The application's technical approach supports the costs proposed and the project is likely to achieve its projected results within the projected budget.

General Guidelines For *Full Applications*
Annual Program Statement (APS) 674-06-002

These general guidelines are provided for information only. Detailed guidance for applicants invited to submit full applications will be provided with the letter of invitation.

NOTE: These guidelines are NOT for use in preparation of Tier 1 concept papers. See the APS for instructions for submission of concept papers.

The full application must be in English, must **not exceed 25 pages**, printed on one side with one-inch margins, and must be submitted using A4 paper size and **Times New Roman 11-point font.** The 25-page maximum length is inclusive of title page, table of contents and executive summary, but excludes attachments (resumes, letters of support, documentation of partnerships and alliances, the cost application and other supporting documents)**.** Attachments (annexes) should be lettered (e.g. Attachment A). Applicants are cautioned that submitting superfluous material as attachments will detract from their application.

The anticipated deadline for submission of the full application is June 12, 2006. (Note that this date is subject to change at the time instructions for full applications are distributed.) Applications must be received by 5:00 p.m. at the Emergency Plan Secretariat, US Embassy, Pretoria, 887 Pretorius Street, Arcadia, Pretoria by this deadline. Electronic submissions are not permitted. Please submit one original and four copies of the submitted application. Include a disk/diskette with a copy of your application and budget.

Please note the following important requirements:

You are required to submit a pharmaceutical procurement plan if purchasing pharmaceuticals. The plan should include procurement, distribution and management.

Budgets must be submitted in the activity based budget format (to be provided with letter of invitation).

Structure and Content of Full Applications

Full applications including the following elements will be reviewed. Applicants are encouraged to address as many of the evaluation criteria (Annex 3) as possible within each of these sections.

I.   Cover Page

- Specific elements will be provided with full instructions.

II.   Table of Contents listing all page numbers and all annexes/attachments

III.   Executive Summary, using the following format (one page):

- Summary of proposed activities, including objectives to be addressed, geographic reach, target populations and explanation of how proposed activities contribute to the South African Government's Comprehensive Plan
- Background (rationale/problem statement and activities implemented to date)
- Description of Strategy and Activities, including partnerships (if any)
- Anticipated results, including indicators/outcomes

IV.   Description of activities related to the objectives of this APS describing:

- Rationale/problem statement
- Description of strategy and activities
- Objectives and anticipated outcomes
- Ongoing activities to be scaled up, expanded or supplemented
- Geographic focus areas and rationale
- Impact on gender
- Impact on beneficiaries

Applications must be consistent with current policies and guidelines provided at http://pepfar.pretoria.usembassy.gov/ and at links specified at that site.

V.   Include a Section on Project Management with the following information:

- Structure for managing implementation
- Information on key personnel, including for each key person a short description of experience and capacity relevant to the project description, an indication of level of effort each will be dedicating to the proposed activities and the roles and responsibilities of each
- Proposed implementing partner(s), key personnel of each partner organization and the roles and responsibilities of each organization

VI.   Description of Applicant capacity, technical expertise and experience.

- Describe capacity to manage the project (technically, administratively and financially).
- Describe previous experience managing a project of similar size and complexity, including experience working collaboratively with diverse stakeholders and experience with donor funding.

VII.   Technical Approach:

- Objectives addressed and results to be achieved, including:
  - Relation to the aim of this APS
  - Specific program results to be achieved by September 2007, March 2008, September 2008 and March 2009

- Detailed Implementation Plan, describing the plan and methodology for implementation of each activity, including:
  - Timeframes and sequencing for implementing each activity
  - Outcome of each activity

- Impact on gender
- Impact on most-at-risk groups and underserved communities
- Involvement of partners including roles and responsibilities
- Sustainability plan

- Detailed monitoring and evaluation plan showing how:
  - Outcomes will be measured
  - Outcomes will contribute to results
  - Baseline information will be collected
  - Activities will be evaluated

Note: If purchasing pharmaceuticals, include a **Pharmaceutical Procurement Plan** in this section.

VIII.   If the proposed activity(s) will be carried out in conjunction with the South African Government, or in public facilities, evidence of the South African Government concurrence with the activity(s) should be provided.

IX.   Past Performance/Past Experience:

- Submit contact information of at least three (3) partners with whom applicants have worked in the past three (3) years in the implementation of a similar program.

- Reference information, including location, current telephone numbers, points of contact, award number if available, and a brief description of work performed.

X.   Cost Application

- Specify all direct costs associated with implementation and completion of activities, including those related to sub agreements and/or contracts.
- For indirect costs, international NGOs should include an approved Negotiated Indirect Cost Rate Agreement (NICRA) with the U.S. Government. Local NGOs may submit a fixed administrative rate or direct charges in lieu of a NICRA.
- Budget must be submitted in US Dollars. US Dollar equivalent must be indicated for all local costs based on the exchange rate of 6 Rand to 1 US Dollar.
- Reflect separately and clearly all cost share contributions.

Note: Submit full budget in the specified format as an annex (budgets are not included in the 25 page restriction).